

Name in Full

Certificate of Death

Deceased *Allen*
 Died at *Atchulton* *Howard* County MARYLAND
 Date 19*02* Month *3* Day *24* Y. *—* M. *—* D. *—* Native of *Ind* Occupation *—*
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female Colored Single ~~Widower~~ Number of children living *—*

Husband of *—*
 Wife of *—*
 Father's Name *B Allen* Mother's Maiden Name *Edu Snowden*

Cause of Death { Primary Immediate *Still Born* } How long sick *—*
 Accident, Suicide, Homicide

Reported by *B Allen*
 Address *Atchulton*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Charles Bonalle

Town

Elbridge

County

Howard

MARYLAND

Died at

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

March 6.

Age

35

Md

Labourer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband

of

Wife

Father's

Name

Wm J Randall

Mother's

Name

166

OVER

Cause of

Primary

How long sick

Death

Immediate

Accident

Accident, Suicide, Homicide

Reported by

J H Risan Acting Coroner

OVER

Address

Elbridge Howard Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full

Certificate of Death

Shatrick Cook

Died at ^{Town} *Cooksville* ^{County} *Howard* MARYLAND

Date 19 *02* ^{Month} *3* - ^{Day} *20* ^{Y.} *26* - ^{M.} *—* - ^{D.} *—* ^{Native of} *Maryland* ^{Occupation} *Laborer*

Male ☒ White ☒ Married ☒ Widow ☐ Divorced ☐

Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living *2*

Husband of *Catherine Woods*

Father's Name *Oliver P. Cook* Mother's Maiden Name *Sarah E. Smith*

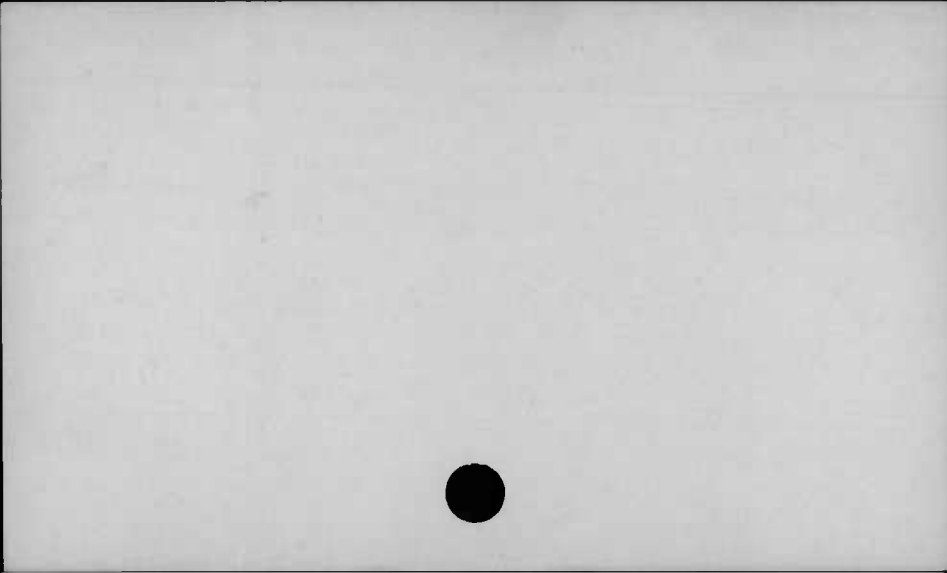
Cause of Death { Primary *Phthisis* *27* How long sick *2 years*

Death { Immediate *27* Accident, Suicide, Homicide

Reported by *John W. Webb & Son*

Address *West Friendship, Howard County*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Town
SavageCounty
Howard

MARYLAND

Date 1902

Month Day

3 4

Y. M. D.

73 . . 1

Native of

Md

Occupation

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband of

Wife

Father's

Name

James H. Seave

Mother's

Maiden Name

Mary E.

Cause of

Primary

Death

Immediate

Paralysis of Brain

How long sick

2 hr

Accident, Suicide, Homicide

Reported by

W. W. Luthman Md

Address

64

Savage Md

Must be signed by physician, if any in attendance, otherwise by coronar, undertaker or minister.



Philip L. Harman

Town

County

Died at Elk Ridge Howard

MARYLAND

Date ~~1901~~ 1902 Month 3 Day 17 Y. M. D. Age 82 Native of Occupation Md Carpenter

Male White Married Widow Divorced Number of children living 10

Female Colored Single Widower

Husband of

Wife

Father's

Name

Meliza Buckingham

Mother's

Name

Cause of Death { Primary Pneumonia (infectious) How long sick 2 weeks

Immediate Heart trouble 93 Accident, Suicide, Homicide

Reported by

Dr. Thos. B. Owings.

Address

Ellicott City.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Charles Hook

Town

County

Died at

From Hordsville to Harmony

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 02

B

18

Age

53

"

"

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Liver trouble

114

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

B. W. Bowman

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Mrs. Mary C. Linticum,
New Town
Glenely County
Harrod

MARYLAND

Died at
Date 1902 March 30
Age 82
Y. M. D.
Native of Maryland
Occupation —

Male ☒ Female ☐
 White ☒ Colored ☐
 Married ☒ Single ☐
 Widow ☐ Widower ☐
 Divorced ☐
 Number of children living 5

Husband of Mr. Lloyd W. Linticum,
Wife

Father's Name Mr. John Jones
Mother's Name Mrs. Annie Jones.

Cause of Death
Primary Cause of Death Mitral Insufficiency
How long sick 2 weeks
Immediate Cause of Death Asthenia
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

John McElvany
 Town *Alberton* County *Howard*

Died at *Alberton Howard* MARYLAND

Date 1902 *March 21* Month Day Y. M. D. *3 3 25* Native of *Maryland* Occupation _____
 Male White Married Widower Divorced
 Female Colored Single Widower Number of children living _____

Husband of _____
 Wife _____

Father's Name *James McElvany* Mother's Name *Annell Mosley*

Cause of Death { Primary *Burned to death* How long sick _____
 { Immediate _____
 167 Accident, Suicide, Homicide

Reported by *J. J. Mallemyer* *M. D.*

Address *Alberton* *Dr. Streaker*
Sub Registrar

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister



Name in Full

Certificate of Death

James H. Miller, Jr.

Town

County

Died at

MARYLAND

Date 1902 Month 5 Day 17 Age 12 Y. M. D. Native of Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's Name James H. Miller

Mother's
Maiden Name

Katherine Brewster

Cause of Death { Primary Fracture of Skull How long sick 2
 { Immediate Cerebral Pressure Accident, ~~Causes~~, Homicide

Reported by Dr. Connel & Nichols

Address Highland & Dayton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name in Full

Certificate of Death

Name in Full <i>Maria Nicholson</i>									
Died at			Town <i>Collesville</i>		County <i>Howard</i>		MARYLAND		
Date 19 <i>02</i>		Month <i>March</i>	Day <i>14th</i>	Y. <i>28</i>	M. <i></i>	D. <i></i>	Native of <i>MD</i>	Occupation <i>domestic</i>	
<input checked="" type="checkbox"/> Male		<input checked="" type="checkbox"/> White		<input checked="" type="checkbox"/> Married		<input checked="" type="checkbox"/> Widow		<input checked="" type="checkbox"/> Divorced	
<input type="checkbox"/> Female		<input type="checkbox"/> Colored		<input type="checkbox"/> Single		<input type="checkbox"/> Widower		Number of children living <i>—</i>	
Husband of <i>Edward Nicholson</i>									
Wife <i></i>									
Father's Name <i>Henry Amner</i>					Mother's Name <i>Rachel Williams</i>				
Cause of		Primary <i>Tuberculosis</i>					How long sick <i>6 mos.</i>		
Death		Immediate <i>Exhaustion</i>					Accident, Suicide, Homicide		
Reported by <i>J. W. Lintner M.D.</i>									
Address <i>Sub. registrar</i>									

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Soland

Died at Alberton ^{Town} Howard ^{County} MARYLAND

Date 1902 Mar ^{Month} 5 ^{Day} Age — ^{Y. M. D.} Native of — Occupation —

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ Number of children living

Husband
of

Wife

Father's Name C. J. Soland Mother's Maiden Name Sarah M. Soland

Cause of Death { Primary Still Born How long sick —

Death { Immediate Still Born Accident, Suicide, Homicide

Reported by J. Tassery Waltemeyer Male

Address Alberton J. H. Streaker, Alberton, Sub Registrar

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Marj T. Poland

Died at ^{Town} Near Edlicott City ^{County} Howard MARYLAND

Date 1902 March 2 Age 80 Y. M. D. Native of England Occupation
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 2

Husband of Edw Poland

Wife
 Father's Name — Mother's Maiden Name 154

Cause of Death { Primary old age Immediate Bronchitis
 How long sick
 Accident, Suicide, Homicide

Reported by B. J. Byrnes
 Address Edlicott City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Minnie Elizabeth - Rider

Town

County

Died at Near Ellicott City Howard

MARYLAND

Date 1902 Month Mch. Day 30 Y. Age 33 M. D. Native of Maryland Occupation Seamstress

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of
Wife

Father's Name William F. Rider

Mother's Name Priscilla Rider

Cause of Death Primary Heart Disease

Immediate Heart Failure

How long sick About 2 hours

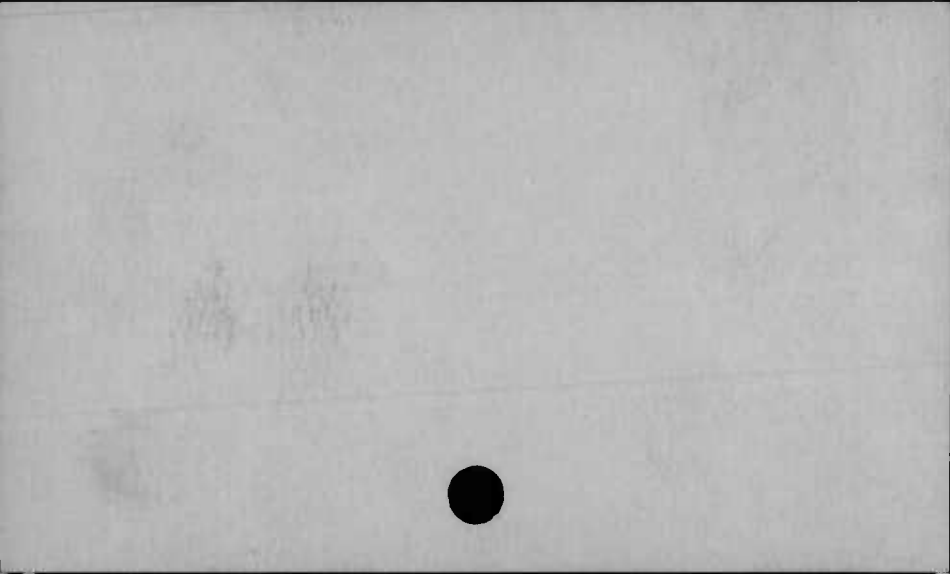
~~Accident, Suicide, Homicide~~

Reported by Samuel J. Fort M.D.

Address Ellicott City Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988



Name In Full

Certificate of Death

Thelma Quill

Town

County

Died at

Woodstock

~~And Howard~~

MARYLAND

Date 1902

March 3

Age

9 hours

Native of

Ind

~~Occupation~~~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

Widower

~~Number of children living~~~~Husband~~
of~~Wife~~

Father's

Name

M. J. Quill

Mother's

Maiden Name

Julia Crook

Cause of

Primary

Death

Immediate

Dystocia

151

~~How long sick~~~~Accident, Suicide, Intoxication~~

Reported by

A. J. Triple

Ind

Address

Grant Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Israel Rachtitsky
Town County

Died at

Elmwood City *Acumed*
Month Day Y. M. D.

MARYLAND

Date 19 *02**3 4*Age *36*

Native of

Occupation

Russia *Pedler*

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

*Five*Husband
of

Wife

Father's

Mother's

Name

Maiden Name

1166.

Cause of

Primary

Supposed to be home

How long sick

Death

Immediate

been murdered

Accident, Suicide, Homicide

Reported by

W. D. Truesdell acting Coroner

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Theodore Thomas

Town

County

Died at

Woodstock P.O.

Howard

MARYLAND

Date 1902

Month Day
March 14

Age

Y. M. D.
about 70 yrs

Native of

Md

Occupation

Laborer

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widow~~

Number of children living

none

Husband

of

Elizabeth Cooper

~~Wife~~

Father's

Name

Mother's

Maiden Name

Sina Thomas

Cause of

Primary

Chronic interstitial nephritis

How long sick

over a year

Death

Immediate

prostration followed by coma

~~Accident, Suicide, Homicide~~

Reported by

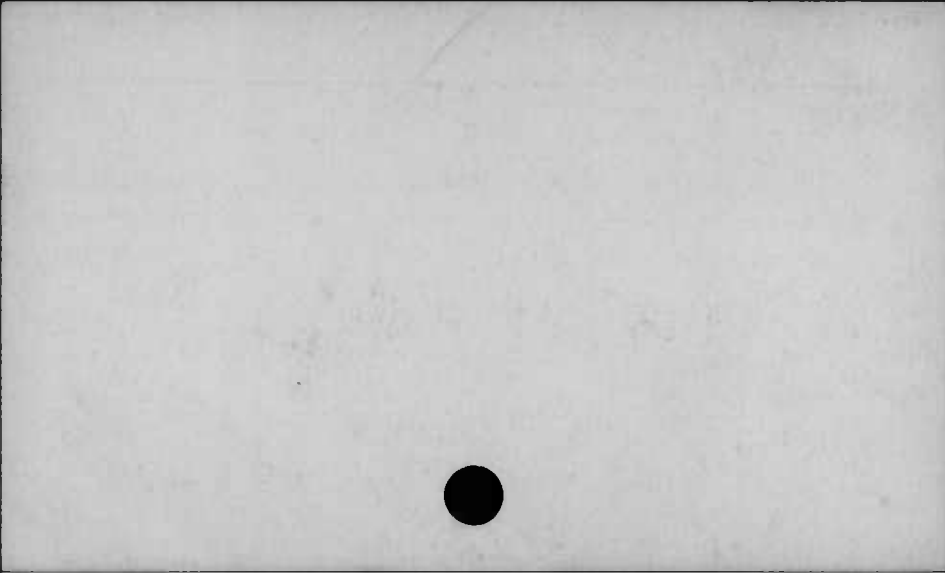
Benj. F. Shipley

Address

Alpha

120
Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Charles A. Warfield Jr

Died at Gary Town Howard County MARYLAND

Date 19 02 Month March Day 20 Age - - - Native of md Occupation -

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living -

Husband
of
Wife

Father's Name Charles A. Warfield Mother's Maiden Name Rachel A. Dorsey

Cause of Death { Primary Still birth Immediate - How long sick -

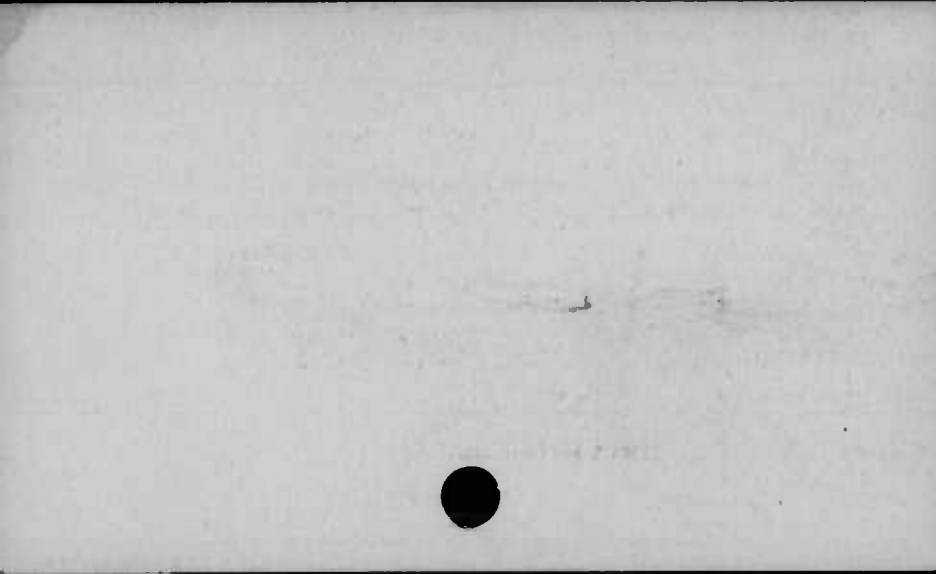
Accident, Suicide, Homicide D

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Mary Wanda Zink

Town

County

Died at

Elk Ridge Howard

MARYLAND

Date 19

02

Month

Day

Y.

M.

D.

Native of

Occupation

March 1st

Age

4.14

Maryland

none

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

George Zink

Mother's

Maiden Name

Edith Buckingham

Cause of

Primary

Pneumonia 93

How long sick

4 days

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

Arthur Williams M.D.

Address

Elk Ridge Howard Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

